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TELEPHONE: (206) 521-5985	Telecopy: (206) 224-3557
FACSIMILE (COVER SHEET
DATE: JANUARY 17, 2005	NUMBER OF PAGES (INCLUDING THIS TRANSMITTAL COVER SHEET): 13
Your Reference: 10/791,072	OUR REFERENCE: 306288
To: MAIL STOP Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 FACSIMILE NUMBER: (703) 872-9306	·
FROM: ROGER D. WYLIE	DIRECT LINE: (206) 521-5984
I hereby certify that this Transmittal and An being transmitted by facsimile to the United States C.F.R. 1.6(d) on the date shown below: Date: January 17, 2005	Group 3673 Examiner: Saldano, Lisa M. F TRANSMISSION nendment A, along with a Facsimile Cover Sheet, are Patent and Trademark Office in accordance with 37
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FORM PTO-1083

PATENT

Attorney Docket No. 306288 Client Reference No. Orgtxt-2-4397 Date: January 17, 2005

In re Application of: Peterson et al. Application No. 10/791,072 March 1, 2004

Filed: For:

Sleeping Bag with Cinching Mechanism

Mail Stop

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the subject application.

Applicants claim small entity status of this application under 37 CFR 1.27.

Petition for Extension of Time

Applicants petition for a one-month extension of time under 37 CFR 1.136, the fee for which is \$110.00 (enclosed),

Applicants believe that no petition for an extension of time is necessary. However, to the extent that such petition is deemed necessary, Applicants hereby petition for a sufficient extension of time to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.

Ш	No	additional	l claim	fee	is	requ	ired.
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☐ Other:

The claim fee has been calculated as shown below:

			_			SMALL	ENTITY		THAN A ENTITY
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADDIT. CLAIM FEE	RATE	ADDIT. CLAIM FEE
TOTAL		32	Minus	26	=4	x 25=	\$	x 50=	\$200.00
INDEPE	ENDENT	3	Minus	3	=0	x 100=	\$	x 200=	\$0.00
	FIRST PRI	ESENTATION OF M	JLTIPLE CLA	AIM		+ 180=	\$	+ 360=	\$0.00
						TOTAL	\$	TOTAL	\$200.00

\boxtimes	Please charge n	ny Deposit	Account No.	12-1216 in	the amount of	of \$200.00.	A duplicate	copy of this	sheet is
	attached.								

☐ A check in the amount of \$ is attached.

☐ The Commissioner is hereby authorized to charge any deficiencies in the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-1216. A duplicate copy of this sheet is attached.

Any filling fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted.

LEYDIG, VOIT MAYER, LTD.

Leydig, Voit & Mayer, Ltd. 1420 Fifth Avenue, Suite 2200 Seattle, Washington 98101 (206) 521-5985 (telephone) (206) 224-3557 (facsimile)

Roger D.

FORM PTO-1083

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JAN 1 7 2005

PATENT

Attorney Docket No. 306288 Client Reference No. Orgbd-2-4397 Date: January 17, 2005

in re Application of: Peterson et al. Application No. 10/791,072

Filed:

March 1, 2004

2062243557

For:

Sleeping Bag with Cinching Mechanism

Mail Stop Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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No	additional	claim fee	is	required.
 	0.0 m. r. 0 1 (0)	0.00		

__ Other:

The claim fee has been calculated as shown below:

					SMALL ENTITY			OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADDIT. CLAIM FEE	RATE	ADDIT, CLAIM FEE	
TOTAL	32	Minus	26	=4	x 25=	s	× 50=	\$200.00	
INDEPENDENT	3	Minus	3	=0	x 100=	\$	x 200≂	\$0.00	
FIRST PR	ESENTATION OF MI	ULTIPLE CLA	AIM	•	+ 180=	\$	+ 360=	\$0.00	
					TOTAL	\$	TOTAL	\$200.00	

$\ddot{\mathbb{Z}}$	Please charge my Deposit Account No.	12-1216 in the amount of \$200,00.	A duplicate	copy of th	is sheet is
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Roger D, 36,974 ylle, Reg. Ng

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PATENT Attorney Docket No. 306288

In re Application of:

Peterson et al.

Application No. 10/791,072

Filed: March 1, 2004

For: Sleeping Bag with Cinching Mechanism

Group Art Unit: 3673

Examiner: Saldano, Lisa M.

AMENDMENT A

Commissioner for Patents Washington, D.C. 20231

Sir:

In The Claims

Please amend the following claims as indicated.

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